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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		Complete if Known					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/554,630-Cont. #9158				
		Filing Date	October 27, 2005				
		First Named Inventor	Tatsuhiko AIZAWA				
		Examiner Name	Not Yet Assigned				
		Art Unit	N/A				
TOTAL AMOUNT OF PAYMENT		(\$)	60.00				
METHOD OF PAYMENT (check all that apply)		Attorney Docket No. 0230-0229PUS1					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES				Small Entity			
Fee Description				Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues)				200	100		
Multiple dependent claims				360	180		
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
						Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month						60.00	
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent)		28,977		Telephone (703) 205-8000	
Name (Print/Type): Gerald M. Murphy, Jr.				Date		November 2, 2006	